

# *MEDICARE ENROLLMENT*

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## *A PROGRAMMED LEARNING TEXT*



U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

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This booklet is designed to summarize title XVIII of the Social Security Act for the specific purpose of training Social Security Administration employees.

It does not take the place of regulations, operating procedures, or manual instructions.

Bureau of Health Insurance  
Division of Management  
Training Staff

RA  
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.M43225  
1974

NOTE

A Federal District Court recently declared most of the special Part B enrollment requirements for aliens (Section 1836(2)(B) of the Act) unconstitutional. This provision of the Act requires that an alien to be eligible for SMI must either be entitled to HI or must have been lawfully admitted to the U.S. for permanent residence and have resided in the U.S. continuously for the 5 year period immediately preceding the month in which he applies for enrollment for SMIB.

Pending an appeal by the Secretary, this court decision supersedes the following material contained within this booklet:

| <u>Page</u> | <u>Frame</u> |
|-------------|--------------|
| 41          | 3 and 5      |
| 42          | 1 and 4      |
| 43          | 5            |
| 58          | 2 and 3      |



## TO THE STUDENT

This is the first of three programmed learning texts covering the health insurance program. This text covers the subjects of enrollment in the program, health insurance cards, and introduces you to the procedures used in the health insurance record-keeping system. You should work through this text before continuing to either of the others in the series.

This is not an examination, but a programmed learning text. You will get maximum benefit from it by following instructions carefully:

1. When a response is called for, write it in the space provided before checking your answer. This has the effect of forcing you to make a decision, and helps fix the correct answer in your memory.
2. If you choose an incorrect response, reread the frame or frames teaching that concept.
3. Proceed at your own best speed for reading and comprehension. Don't worry about how fast or slow someone else seems to be going.

Most of the pages in the text require the use of an "answer mask," which is provided on the back cover if you do not already have one that is precut. Place the mask on the page so it reveals only the top frame, covering the answers at the right. After you have selected your response, slide the mask down to expose the correct answer and the next frame. Proceed in this manner until you are instructed otherwise.

|   |                             |
|---|-----------------------------|
| <p>There are two insurance programs to assist several categories of people in meeting their medical expenses under Medicare. Part A provides protection against the cost of hospital and related care, while Part B helps pay physician's costs and other expenses not covered by Part A. This lesson will deal with these two insurance plans, which are called Part "A" and Part "_____."</p> | <p>B</p>                    |
| <p>Of the two plans, hospital costs are primarily taken care of by Part "_____."</p> <p>Since Part "A" deals with insurance against the cost of hospital care, we can refer to the Part A program as _____ Insurance (HI).</p>  | <p>A</p> <p>Hospital</p>    |
|   |                             |
| <p>On the other hand, the Part "B" program helps to pay for costs of doctors' services and medical services not covered by the hospital insurance. This is a supplementary program which deals with the cost of medical services. We will, therefore, refer to the Part "B" program as Supplementary _____ Insurance (SMI).</p>   | <p>Medical</p>              |
| <p>In general, then, the difference between the Hospital Insurance program (HI) and the Supplementary Medical Insurance program (SMI) is that the Hospital Insurance program (HI) provides insurance against the cost of _____ services, and the Supplementary Medical Insurance program covers _____ services.</p>   | <p>hospital<br/>medical</p> |
| <p>The two insurance plans to assist eligible persons in meeting medical expenses are:</p> <ol style="list-style-type: none"> <li>1. Part "A" or _____ Insurance (HI)</li> <li>2. Part "B" or Supplementary _____ Insurance (SMI)</li> </ol>  | <p>Hospital<br/>Medical</p> |



Let us take up these two plans separately. The first part of this lesson will deal with the program designed to protect against hospital and related costs. So, we will first discuss the \_\_\_\_\_ insurance program.

hospital

In looking at the hospital insurance program, we will discuss it in light of the various categories of eligible persons. One category is the aged, those 65 and over. The other categories include long-term disability beneficiaries and certain persons suffering chronic renal disease and requiring kidney transplantation or dialysis. They will be reviewed later in the lesson.

GO ON TO NEXT FRAME

All social security beneficiaries 65 years of age and older are eligible for benefits under the HI program. John, age 67, who is receiving retirement insurance benefits is eligible for benefits under the HI program. Similarly, Sara, age 68, who receives widow's benefits is eligible for benefits under the \_\_\_\_\_ program.

HI

Which two of these people would be old enough for HI under the aged category?

- A. Mary age 55
  - B. Harry age 70
  - C. John age 63
  - D. Sue age 65
- \_\_\_\_\_
- \_\_\_\_\_

B. Harry

D. Sue

Persons age 65 or over who have not yet filed for social security benefits but who could become entitled by filing a claim would also be eligible for benefits under the HI program. Could Dora, age 69, who still works full time and hasn't filed for retirement benefits become entitled for benefits under the hospital insurance (HI) program?

\_\_\_\_\_

Yes

|   |                 |
|---|-----------------|
| <p>If, however, a person is eligible at age 65 for retirement insurance benefits, he must file to establish his entitlement to the retirement benefit in order to qualify for hospital insurance. Therefore, John, age 66 and fully insured, cannot limit his application to hospital benefits only, because he is eligible for retirement insurance benefits.</p> <p>Helen, who is age 65 and fully insured _____ (is, is not) _____ required to file to establish her entitlement to her retirement benefits to become entitled to hospital benefits.</p> | <p>is</p>       |
| <p>If an eligible person wishes to, he may limit his application to retirement insurance benefits only but he cannot limit his application to hospital insurance.</p> <p>Harry wants to file for hospital insurance. He is also eligible for retirement benefits. Can he limit his application to hospital insurance only? _____.</p>   | <p>No</p>       |
| <p>This rule applies to any type of retirement or survivor insurance benefit if the person is 65 or older. Jan is 65 and eligible for a wife's benefit. If she wishes to file for hospital benefits, she _____ file to establish her entitlement to wife's benefit.</p>   | <p>must</p>     |
| <p>Even if the person is eligible, age 65, and working, but does not wish to apply for social security monthly benefits, he cannot limit his application to _____ insurance hospital benefits.</p>  | <p>hospital</p> |
| <p>Ralph, age 68, has never applied for retirement benefits. He is still earning over \$10,000 per year and does not plan to retire. He wants to apply for hospital insurance benefits. He _____ limit his application. _____ (can, cannot)</p>   | <p>cannot</p>   |



|   |                   |
|---|-------------------|
| <p>Therefore, both present beneficiaries and potential beneficiaries are eligible for benefits under the HI program. Similarly, present age 65 railroad retirement beneficiaries and potential railroad retirement beneficiaries will be eligible for benefits under the ____ program.</p>  | <p>HI</p>         |
| <p>Paul, age 67, has been working for the railroad for 29 years. He is still working and has not retired yet. Is Paul eligible for benefits under the HI program? _____</p>   | <p>Yes</p>        |
| <p>During the first few years of the hospital insurance (HI) program, many persons who did not meet the eligibility requirements just discussed were covered under a special deemed insured provision. In some cases, no quarters of coverage under social security were required. In other cases, fewer quarters of coverage were required for the hospital insurance than were required for monthly benefits.</p> <p>GO ON TO THE NEXT FRAME.</p> |                   |
| <p>Under the special deemed insured provision, any person who was age 65 before 1968 needed no quarters of coverage to be eligible for protection under the HI program at age 65.</p> <p>Ross Seebold, born 2/09/02, needs ____ quarters of coverage to be eligible for protection under the HI program. This is because he was 65 before _____.</p>  | <p>0<br/>1968</p> |
| <p>People who attain age 65 after December 1967 may be able to become entitled to hospital insurance without being entitled to monthly social security or railroad retirement benefits. The next page explains the special <u>deemed</u> insured provisions for them.</p> <p>NO RESPONSE REQUIRED FOR THIS FRAME.</p>   |                   |

|   |  |
|---|--|
| <p>When the preliminary interview indicates the claimant for hospital insurance benefits will not be entitled to any type of monthly social security benefits, we should help him complete an SSA-18, Application for Hospital Insurance Entitlement.</p> <p>The application to be used to entitle persons who are deemed insured is the _____.</p>                     | <p>SSA-18</p>  |
| <p>An SSA-18 is used to entitle <u>deemed insured</u> beneficiaries to Medicare benefits.</p> <p>Would Rodney Rumbles, a claimant who wants to file for monthly retirement benefits as well as Medicare benefits, use an SSA-18? _____</p>  | <p>No (The SSA-18 is for deemed insured claimants only. He would file an SSA-1.)</p> |
| <p>The SSA-18 is used because it is designed to establish whether the requirements for deemed insured status are met. It is important then to use the SSA-18 application for _____ claimants.</p>   | <p>deemed insured</p>  |
| <p>In addition to filing an SSA-18, if the claimant has never had an account number, an SS-5 must be completed and signed by the claimant before he is assigned a claim number and the claim is forwarded to PC..</p> <p>Lottie Goodness has never had an account number. Before her SSA-18 can be forwarded to Program Center she must complete and sign an _____.</p> | <p>SS-5</p>  |
| <p>All Medicare beneficiaries must have a claim number. The reason the claimant who has never had a number must complete and sign an SS-5 is so we can assign a _____ to the claimant.</p>  | <p>claim number</p>  |

An individual who attains age 65 after 1967 must have not less than 3 quarters of coverage, whenever acquired, for each year after 1966 and before the year he attains age 65.

The chart below shows the number of quarters of coverage required for a person who becomes age 65 in 1968 or later. Study it carefully.

| Year Attains Age 65 | QC Requirement |
|---------------------|----------------|
| Before 1968         | None           |
| 1968                | 3              |
| 1969                | 6              |
| 1970                | 9              |
| 1971                | 12             |
| 1972                | 15             |
| 1973                | 18*            |
| 1974                | 21**           |

\*Women attaining age 65 in 1973 will be fully insured with 19 QC's.

\*\*Applies only to men since women will be fully insured at age 62 with the number of QC's shown. Years after 1974 not shown as men will be fully insured in 1975 with 24 QC's.

(Go to next page)

|   |                                  |
|---|----------------------------------|
| <p>Mert was born July 4, 1903. She has two quarters of coverage now. How many more quarters does she need to become entitled to hospital insurance at age 65 in 1968?</p> <p>_____</p>  | <p>1</p>                         |
|   |                                  |
| <p>Harty was born on January 3, 1905. Since he needs 3 quarters for 1967 and 3 for every year after 1967 to the year he becomes age 65, he will need _____ quarters of coverage to be entitled to hospital insurance in 1970.</p>   | <p>9</p>                         |
| <p>How many quarters do the following people need to be entitled to HI?</p> <p>A. Hank born 8/13/08<br/>B. Mildred born 2/12/07<br/>C. Scip born 5/22/06</p>  | <p>A. 18<br/>B. 15<br/>C. 12</p> |
| <p>This rule applies only to hospital insurance (Part A) benefits and does not change the insured status rules for retirement and survivors insurance. Pat applies for retirement and hospital insurance benefits at age 65 in 1968. He has 4 QC's. His RIB claim will be disallowed and his HIB claim will be _____.</p> | <p>allowed</p>                   |
| <p>In 1975 (1974 for women) the quarters needed for Part A benefits and retirement benefits are the same. Until then a person needs _____ quarters for Part A (more,less)<br/>than for his RIB.</p>   | <p>less</p>                      |

Once again: An individual who attains age 65 after 1967 must have not less than \_\_\_\_\_ quarters of coverage for each year after 1966 and before the year he attains age 65.

3

An individual who attains age 65 in 1968 will need \_\_\_\_\_ quarters.

3

Remember, this special insured status provision applies only to people who are not fully insured nor eligible for any type of monthly social security or railroad retirement benefit.

Margaret is receiving parents benefits at age 65. She \_\_\_\_\_ need to meet the special insured provision.  
(will, will not)

will not

In 1975 (for men) the quarters needed for Part A benefits and retirement benefits are the same.

A man who attains age 65 in 1975 needs \_\_\_\_\_ quarters to be insured for both retirement and hospital insurance benefits.

24

Cookie Baker was born 9/22/09. She needs \_\_\_\_\_ quarters to be insured for hospital insurance at age 65.

20



|   |  |
|---|--|
| <p>Federal employees who retired after 2/15/65 and could have been covered under the Federal Employees Group Health Benefit Plan, whether or not they did enroll, are precluded from coverage under the deemed insured provisions.</p> <p>Harry retired from the Post Office Department, April 1, 1967. He could have enrolled under the Federal Employees Group Health Benefit Plan but did not do so. He cannot qualify for Hospital Benefits under the _____ insured provision</p> | <p>deemed</p>  |
| <p>There is another group of individuals 65 or over who cannot be eligible for HI because they do not have sufficient quarters of coverage for deemed insured status. Effective 7/1/73, they can be covered by enrolling and electing to pay a \$33 monthly premium. This is known as PREMIUM-HI.</p> <p>GO ON TO NEXT FRAME</p>  |  |
| <p>Dudley Fremont, age 65, is a retired Post Office employee who has never worked under social security-covered employment. He wishes to enroll in the HI program. Can we accept his application? (Yes, No)</p>   | <p>YES, this coverage is available 7/1/73</p>        |
| <p>How much must Dudley pay for this protection? _____</p> <p>When is it effective? _____</p>   | <p>\$33/month</p> <p>7/1/73</p>                      |
| <p>Joan Williams, a Part B enrollee, 67, was never eligible for HI in the past because of insufficient quarters of coverage. She comes into the district office to apply for Medicare on 5/1/73. When will her coverage begin?</p>  | <p>7/1/73, effective date of the 1972 ammendment</p> |



Premium-HI enrollees not previously enrolled in Part B (SMI) are required to sign up for Part B coverage at the time they elect HI benefits. They cannot be covered for Premium HI prior to the effective SMI coverage date.

GO ON TO NEXT FRAME

Arthur Friendly becomes 65 in 8/73. He has never been insured. He comes in to file an application for Premium-HI and SMI on 7/1/73. His SMI coverage will begin

            
(mo/yr)

8/1/73

His HI coverage will begin

            
(mo/yr)

8/1/73

J. Elder inquires at the DO about Premium-HI, stating he does not want SMI coverage. We            take his application.  
(can/cannot)

cannot

One group excluded from coverage as uninsured persons is: Aliens, except those who have been lawfully admitted to this country for permanent residence and have been here at least 5 years prior to application for Health Insurance Benefits.

(No answer required--go to the next frame)

Greta, age 67, was lawfully admitted to this country as a permanent resident alien 3 years ago. Although she is a permanent resident, Greta cannot qualify for coverage because she is an alien who has been here less than            years.

5

|  |                             |
|--|-----------------------------|
| <p>However, if Greta had been a social security or _____ beneficiary, she could have qualified for coverage.</p>   | <p>railroad</p>             |
| <p>The other group of persons that will be excluded from coverage are certain persons convicted of specific crimes against the U.S.</p> <p>(No answer required--go to next frame)</p>  |                             |
| <p>In review, there are two groups not covered for HI under the deemed insured provision or Premium-HI. They are:</p> <ol style="list-style-type: none"> <li>1. Aliens except those admitted for permanent residence who resided here _____ or more years prior to application, and</li> <li>2. Certain persons convicted of specific crimes against _____.</li> </ol> | <p>5</p> <p>the U.S.</p>    |
| <p>We have learned so far that there are 2 insurance programs to assist the aged in meeting their medical expenses. There are the _____ Insurance (HI) program and the Supplemental _____ Insurance (SMI) program.</p>   | <p>Hospital<br/>Medical</p> |
| <p>We also learned that the HI program primarily takes care of _____ expenses, while the SMI program covers physicians' services and other _____ expenses.</p>   | <p>hospital<br/>medical</p> |

|  |  |
|--|--|
| <p>Aliens must meet two requirements to be entitled to HI benefits. They are _____ and _____ prior to filing their application.</p>    | <p>lawfully admitted for permanent residence and resided in U.S. for 5 or more years</p> |
| <p>In order to be eligible for benefits under the HI program in the aged category an individual must be at least _____ years old.</p>  | <p>65</p>  |
| <p>One of the groups the HI program covers are all persons 65 and over who are monthly _____ or railroad retirement beneficiaries.</p> | <p>social security</p>   |
| <p>It also covers most persons who become age _____ before 1968, and who cannot qualify for monthly benefits.</p>                      | <p>65</p>  |
| <p>Those who become 65 before 1968 need _____ quarters of coverage.</p>  | <p>0</p>   |

|   |  |
|---|--|
| <p>A person who attains age 65 after 1967 must have _____ quarters for each year after 1966, and to the year of attainment of age 65.</p>   | <p>3</p>   |
| <p>A women who attains age 65 in 1974 will not need to qualify under the deemed insured provisions because she will be fully insured with _____ quarters.</p> <p>The deemed insured provision for the aged does not apply after 1974 because men who become 65 in 1975 are fully insured with _____ quarters.</p> | <p>20</p> <p>24</p>  |
| <p>Another category of eligible persons for HI is the long term disabled. Individuals (of any age) who have been disabled for 24 continuous months can be entitled to HI benefits. This coverage is available 7/1/73.</p> <p>GO ON TO NEXT FRAME</p>  |  |
| <p>John Jones has been receiving disability benefits since 7/68. He _____ be eligible for HI benefits.<br/>would/would not</p>  | <p>would</p>   |
| <p>Fred Hurl became disabled 1/73 and began receiving disability payments on 7/1/73. He will become automatically entitled to HI benefits on 7/1/73.</p> <p>True/False _____</p>  | <p>False, he must have been receiving DIB for 24 continuous months</p> |

|   |  |
|---|--|
| <p>Due to the passage of the 1972 Amendments effective 7/1/73, HI entitlement under Medicare was extended to Social Security and Railroad Retirement disability beneficiaries. Also, any person entitled to HI may have SMI (supplemental medical insurance) at the same premium as enrollees who are 65 or over.</p> <p>GO TO NEXT FRAME</p> |  |
| <p>HI entitlement begins only <u>after</u> the disabled beneficiary has been entitled to disability benefits for 24 consecutive months. Therefore, a disabled beneficiary may receive HI benefits in the _____ month as long as such month occurs after _____.</p> <p style="text-align: center;">(mo/yr)</p>                                 | <p>25th</p> <p>7/73</p>  |
| <p>John Miller, age 50, became entitled to DIB as of 7/71. When would his entitlement to HI begin?</p>  | <p>7/73</p>  |
| <p>Sue Williams, age 54, was awarded disability benefits as of 10/71. She would become entitled to HI in 7/73, the effective date of the Amendments.</p> <p>_____<br/>(True/False)</p>  | <p>False, 24 consecutive months of DIB entitlement must pass. HI entitlement effective 10/73</p> |
| <p>As with other disabled, those persons eligible for childhood disability benefits are automatically eligible for HI with the 25th consecutive month of disability entitlement. Since the entitlement for CDB can begin no earlier than age 18, HI will not become effective until age _____.</p>  | <p>20--must be disabled for 24 consecutive months.</p>   |



|   |   |
|---|---|
| James became totally disabled at age 5 and became entitled to CDB in August 1972 at age 18. He will become entitled to HI in <u>                    </u><br>(mo/yr)   | 8/74 (at age 20)  |
| John, disabled at birth, began receiving CDB in May 1971 (at age 18). His HI entitlement will begin May 1973.<br><br><u>                    </u><br>(True/False)  | False, entitlement 7/73 even though 24 consecutive months of CDB have passed. |
| John, disabled since birth, became 36 in 4/73. His father filed for CDB on his behalf in the same month. The CDB award was made retroactive for 12 months. When will John be entitled to HI benefits?                           | 4/74, the 25th month of CDB benefit entitlement.                              |
| Entitlement to DWB can begin no earlier than the month in which the person reaches age 50. Mary Williams turned 50 in 5/73. Even though totally disabled for years, her DWB would begin <u>                    </u><br>(mo/yr). | 5/73  |
| Mary's entitlement to HI benefits would be effective in <u>                    </u><br>(mo/yr)  | 5/75  |



As you have probably guessed by this time, there is a 24-month "qualifying period" that a disabled beneficiary must serve in order to be entitled to HI. This qualifying period is a 24-month period in which the person must have been entitled to continuous disability benefits.

GO ON TO NEXT FRAME

Billy Kedd has been disabled, and receiving benefits for the last 10 months, with a broken leg. He \_\_\_\_\_ (has, has not) served the qualifying period for HI benefits.

has not

M. Physema, 52, has been receiving disability benefits for the last 4 years. He is notified that his HI benefits will begin 7/1/73 because he has served his \_\_\_\_\_.

qualifying  
period

If entitlement to disability benefits begins after 63, the 24-month qualifying period will not exist. Therefore, entitlement to HI will not be based on disability entitlement benefits. In these cases, the normal HI requirements will be used.

GO ON TO NEXT FRAME

John Jones, born 8/2/08, became entitled to disability benefits in 8/72. He \_\_\_\_\_ become entitled to HI coverage in 8/73.  
(would/would not)

would, John becomes age 65 prior to the 24-month qualifying period.

Interruptions in the 24-month qualifying period causing loss of disability entitlement results in the requirement of a new 24-month qualifying period.

GO ON TO NEXT FRAME

Phil Wadsworth became entitled to DIB in 9/71 and entitlement was subsequently terminated in 2/73. Having become re-entitled in 8/73, the earliest date for HI would be                     .  
(mo/yr)

8/75

A widow, age 50-60, having an entitled child,  
and under disability, must choose DWB or mother's  
benefits (E). She \_\_\_\_\_ still be entitled to  
\_\_\_\_\_ can/cannot  
HI benefits after submitting proof of disability and  
establishing deemed entitlement to DWB for the 24  
months qualifying period. An application should be  
filed since entitlement \_\_\_\_\_ automatic.  
\_\_\_\_\_ is/is not

can

is not

A final note: Entitlement to HI based on disability eligibility ends:

- a. the month before the month in which the beneficiary turns 65
- b. the month in which the disability-based benefit terminates or if later, the month after the month in which the individual is notified of the termination of his disability-based benefit.

GO ON TO NEXT PAGE

|   |                                    |
|---|------------------------------------|
| <p>So far we have been discussing individuals actually <u>entitled to</u> and <u>receiving</u> monthly disability benefits. <u>One such category</u> has been the DWB (disabled widow beneficiary).</p>   |                                    |
| <p>Mary Jones has been receiving DWB benefits and is therefore entitled to _____ benefits after 24 months.</p>  | HI                                 |
| <p>In certain situations an individual not actually entitled to DWB may be deemed entitled to DWB for HI purposes.</p> <p>What does this mean?</p>  |                                    |
| <p>GO ON TO NEXT FRAME</p>  |                                    |
| <p>It simply means that a person is allowed to satisfy the 24-month qualifying period requirement for entitlement to HI <u>or to continue HI entitlement in the same way as if she</u> were actually entitled to the benefit in each month of "deemed entitlement".</p>   |                                    |
| <p>Hattie Hurtz has been receiving DWB for the last three years and therefore has HI benefits too. Hattie turned 62 this month and filed for D benefits, therefore her disability benefits stopped. She is therefore _____ for HI purposes.</p>   | deemed entitled                    |
| <p>Mrs. James, a disabled widow beneficiary on 7/1/73 became entitled to HI benefits because she had been receiving the cash benefit for more than the 24 month qualifying period. Though still disabled on 11/73 <del>she chose to receive a reduced retirement benefit</del> because it was a larger cash benefit. Since her DWB terminates, her HI benefit terminates.</p> <p>True/False</p> | False. She becomes deemed entitled |

Mrs. James' HI entitlement will continue uninterrupted until age 65. When a person's entitlement to DWB ends upon entitlement to RIB (before age 65) she is deemed, for purposes of HI entitlement only, to be entitled to DWB until the month of age 65.

GO ON TO NEXT FRAME

If Mrs. James' DWB ended because of entitlement to a D benefit at age 62 the same deemed entitlement rationale applies except any cessation of disability terminates her HI entitlement.

Rita's DWB terminated at age 62 when she changed to a D benefit. At age 64 her condition improved and she was determined no longer disabled. Her HI \_\_\_\_\_  
continue to age 65. does/does not

does not

Deemed entitlement can also apply to persons entitled to D benefits between 60-62 and except for the age factor could meet requirements for DWB.

Tillie, established that she was disabled for several years prior to her husband's death (at her age 61). She can be considered \_\_\_\_\_

deemed  
disabled

To establish deemed DWB entitlement in this case Tillie would need to submit an SSA-17 (Statement Regarding Disability) marked at the top to show that it is being filed for purposes of HI entitlement.

Mrs. Smith, a D beneficiary, wishes to establish deemed DWB entitlement. She must file an \_\_\_\_\_.

SSA-17

GO ON TO NEXT PAGE



|  |                          |
|--|--------------------------|
| <p>Deemed DWB entitlement can be established for a widow, age 50-60, who is under a disability and has in her care an entitled child.</p> <p>Mrs. McGee, 53, became entitled to E benefits in 7/74 when her husband died. She had a child, age 16 in her care. She was also disabled from a fall years before. She could file an _____ and be considered _____ disabled.</p>   | <p>SSA-17<br/>deemed</p> |
| <p>Mrs. McGee could file for actual DWB if she wishes. There are disadvantages to be weighted in either case.</p> <ol style="list-style-type: none"> <li>1. E benefits are subject to "in-her-care" deductions &amp; termination when the child is no longer entitled.</li> <li>2. DWB benefits causes a proportionately higher reduction of benefits the earlier it is taken before age 60.</li> </ol> <p>GO ON TO NEXT FRAME</p> |                          |
| <p>A <u>timely application</u> for HI must be filed to enable a person entitled to mothers benefits to establish "deemed entitlement" to DWB for the same months of actual entitlement to E benefits.</p> <p>GO ON TO NEXT FRAME</p>   |                          |
| <p>A <u>timely application</u> for deemed entitlement to DWB in these cases is an application filed within one year after the month in which:</p> <ol style="list-style-type: none"> <li>a. they attain age 50, or if later</li> <li>b. they first become eligible for DWB</li> </ol> <p>GO ON TO NEXT FRAME</p>   |                          |
| <p>For those individuals meeting deemed DWB criteria before the amendment effective date (7/1/73), the timely filing period would be 7/73 to 6/74.</p> <p>GO ON TO NEXT FRAME</p>  |                          |

For those individuals eligible prior to the amendments 7/1/74 is the cut-off date for filing because the 1 year timely filing period begins with the effective date of the amendments.

GO ON TO NEXT FRAME

Many individuals have already elected to establish entitlement to mother's benefits rather than file for DWB benefits because the DWB is generally a lower amount (because of the reduction factor).

GO ON TO NEXT FRAME

These individuals are already in an advantageous position for deemed DWB entitlement.

GO ON TO NEXT FRAME

The reason is:

- a. They were already in E benefit status before the amendments passed.
- b. They could have proved disability at the time of filing.
- c. They would have been dealt an injustice otherwise

GO ON TO NEXT FRAME

In order to make the benefits available to these individuals, a 12-month period of timely filing was established.

GO ON TO NEXT FRAME



|   |  |
|---|--|
| <p>Mrs. Johnson's DWB entitlement began in 7/72 and she became entitled to HI beginning 7/74 and a DIB on 6/75. Her DWB terminated in 9/75 due to remarriage. Her HI entitlement was _____.</p> <p style="text-align: center;">continued/discontinued</p>   | <p>continued,<br/>DIB was not<br/>affected by<br/>remarriage</p> |
|   |  |
| <p>For HI purposes, there may be deemed entitlement to DWB in certain cases. If a person's DWB terminates because of entitlement to RIB before age 65, the person will be deemed entitled to DWB until age 65 for HI purposes only.</p>   |  |
| <p style="text-align: center;">GO ON TO NEXT FRAME</p>  |  |
| <p>Mrs. Smithson, born 3/5/10, was entitled to a DWB in 6/69 when her husband died. Her DWB became a D widow benefit which was terminated in 10/72 when she became entitled to a RIB. Her HI entitlement was effective _____ because of deemed DWB entitlement for _____</p> <p>mo/yr</p> <p>months prior.</p>  | <p>7/73<br/>24</p>   |
| <p>Similarly a person entitled to a D Benefit beginning at age 60 to 62, and entitled to a DWB had she not been age 60 or over will be deemed entitled to DWB benefits for each month of the D benefit for HI entitlement only. This is effective for those on the rolls after _____.</p> <p style="text-align: center;">mo/yr</p>  | <p>6/73 - since<br/>amendments<br/>are effective<br/>7/73</p>    |
| <p>Mrs. Cord, born in 1919 has an entitled child and has received E benefits since 9/71 when her husband died. She was severely disabled previously, but didn't file for DWB because she was receiving E benefits. She files for DWB entitlement in 5/74 and is deemed entitled to DWB since 9/71. Her HI entitlement will be effective in _____ because of _____.</p> <p>mo/yr</p> | <p>9/73<br/>deemed<br/>entitlement</p>                           |

|  |   |
|--|---|
| <p>A woman entitled to mother's benefits, and also eligible for disabled widow's benefits although she never established entitlement to them _____ apply for HI benefits.                      <u>could/could not</u></p>  | <p>could; if her entitlement was for 24 consecutive months</p>      |
| <p>A person receiving disability benefits for 24 consecutive months would automatically be entitled to HI benefits in the 25th month. The same person entitled to, but not receiving disability benefits _____ be automatically entitled to HI benefits,                      <u>would/would not</u></p> | <p>would not</p>  |
| <p>In this type of instance, the person not automatically entitled to HI benefits _____ file for such benefits.                      <u>must/must not</u></p>  | <p>must</p>   |
| <p>Mrs. Ford, a DWB beneficiary, becomes entitled to F (parent's) benefits which exceed her DWB. Since only the F benefit is payable, she _____ her entitlement to HI benefits.                      <u>loses/maintains</u></p> <p style="text-align: center;">GO ON TO NEXT PAGE</p>                    | <p><u>maintains, entitlement to DWB has not been terminated</u></p> |

| GENERAL INFORMATION   | Mo. of<br>E Ben-<br>efit | Mo. of<br>disb.<br>onset | Mo. of<br>DWB<br>Ent. | Mo. of<br>DWB<br>fil.  | Mo. of<br>deem-<br>edDWB | Mo. of<br>HI<br>Ent. |
|---|--------------------------|--------------------------|-----------------------|--|--------------------------|----------------------|
| <p>A.<br/>Mrs. Hall, born in 1919, has an entitled child in her care &amp; has been getting E benefits since 9/71, when her husband died. In 1/71 she became severely disabled,</p>                       | 9/71                     | 1/71                     |                       | 5/74   | 9/71                     |                      |
| <p>B.<br/>Mrs. Terry had been severely disabled during &amp; after E entitlement (1/72-9/72). After 9/72, she no longer had an entitled child but since she is 61, she has received widow's benefits.</p> | 1/72-<br>9/72            | 4/70                     |                       | 11/73  |                          |                      |
| <p>C.<br/>Mrs. Carroll, a widow entitled to E benefits since 1969 became disabled in 1970 when she was 53. Her entitled child turns 18 on 4/30/74.</p>  | 1969-<br>4/74            | 3/70                     | 5/74                  | 2/74   | 7/71                     |                      |
| <p>Mrs. Hall files her application for DWB and HI in 5/74. She meets all DWB eligibility requirements. When will actual DWB entitlement begin? (refer to chart)</p>                                       |                          |                          |                       | <p>5/73 -<br/>retroactive 12<br/>months from<br/>filing date</p>       |                          |                      |
| <p>Mrs. Hall's first month of deemed DWB entitlement is 9/71, the earliest month in which all criteria were met. When will she be entitled to HI? (refer to chart)</p>                                    |                          |                          |                       | <p>9/73 -<br/>the 25th<br/>consecutive<br/>month of<br/>disability</p> |                          |                      |

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| <p>If Mrs. Hall delayed filing her application for DWB and HI until 8/74, what would be the date of actual DWB entitlement? (refer to chart)</p>         | <p>8/73, she filed after the 12 month timely filing period (7/73-6/74) therefore, DWB is retroactive 12 months</p> |
| <p>Based on the above answer, we now know Mrs. Hall failed to file timely to establish deemed DWB entitlement. When would HI begin? (refer to chart)</p> | <p>8/75 - 25 consecutive months after <u>actual</u> DWB entitlement</p>  |
| <p>Mrs. Terry (example B) files an SSA 17 in 11/73 to qualify for HI. What is her date of <u>deemed</u> DWB entitlement? (refer to chart)</p>            | <p>1/72 - at the time when E benefits began since she was already disabled</p>                                     |
| <p>If Mrs. Terry's deemed DWB entitlement is effective 1/72, when would HI entitlement begin? (refer to chart)</p> <p>GO ON TO NEXT PAGE</p>             | <p>1/74 - the 25th month after deemed DWB. Remember, she filed during the timely filing period,</p>                |

In our third example ("C") we find that in 2/74 Mrs. Carroll filed for deemed DWB eligibility as of 7/71, the earliest effective date of deemed DWB since the 1972 amendments were effective in 7/73, 25 months after 7/71. Will her HI entitlement begin in 7/73? (refer to chart)

yes, - she  
filed in time and  
met all criteria

This is not to say that an earlier deemed DWB date is not possible, but it is not necessary.

GO ON TO NEXT FRAME

If Mrs. Carroll had delayed filing until 5/75, what would be the date of HI entitlement? (refer to chart)

5/76 - by not  
filing timely,  
the retroactivity  
period would be  
12 months; after  
E was terminated  
(4/74).  
There would be no  
deemed DWB, only  
actual DWB.

Now we can see why filing an application for HI within one year of attaining age \_\_\_\_\_ or if later, within one year of the month the individual became eligible for \_\_\_\_\_ is so important.

50  
DWB

One of the categories of persons who may be eligible for HI (and SMI) are the individuals under age 65, suffering from chronic renal disease, if they meet certain requirements.

GO ON TO NEXT FRAME



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| <p>You have been exposed to eligibility for HI based on deemed disability and regular disability (D-HI). There is also a deemed disabled eligibility to HI based on chronic renal disease (R-HI). The requirements for R-HI are remarkably different than those for D-HI.</p> <p>GO ON TO NEXT FRAME</p>   |                            |
| <p>In order to be deemed disabled for R-HI, individuals, in addition to being under 65 and meeting the medical requirements must also be:</p> <ol style="list-style-type: none"> <li>1. fully or currently insured under SSA or RR, <u>or</u></li> <li>2. A monthly SSA beneficiary or RRA annuitant, <u>or</u></li> <li>3. a spouse or dependent child of 1 or 2 above and who meet certain medical requirements.</li> </ol> <p>GO ON TO NEXT FRAME</p> |                            |
| <p>Alice must be fully or _____ insured, <u>or</u> a monthly SSA beneficiary or RRA annuitant, <u>or</u> dependent _____ of an insured person or SSA beneficiary before she can be considered eligible for HI and SMI.</p>   | <p>currently<br/>child</p> |
| <p>For convenience, we will refer to health insurance benefits based on chronic renal disease as R-HI and R-SMI. This will help to distinguish this coverage from HI based on another set of eligibility requirements, e.g., disability.</p> <p>GO ON TO NEXT FRAME</p>  |                            |
| <p>Before we go into more detail on this category, we wish to clear up two points on eligibility:</p> <ol style="list-style-type: none"> <li>1. RR annuitants must meet the same requirements as others to be entitled to R-HI (and R-SMI)</li> <li>2. Entitlement to R-HI does not extend to members of the eligible individual's family. (Such members can only be eligible if they meet the medical requirements)</li> </ol>                          |                            |



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| <p>Sam meets all requirements for R-HI and becomes entitled to the benefit effective 7/1/73. His wife and ten year old daughter living in the same household <u>(are/are not)</u> entitled to the benefit.</p>  | <p>are not, unless they meet the medical requirements</p> |
| <p>GO ON TO NEXT FRAME</p>  |   |
| <p>For those eligible individuals, R-HI cannot begin <u>earlier than the beginning of the third month after the month of onset of dialysis.</u> John "Kidd" Knee began a course of dialysis for CRD on 6/30/74. What is his first month of eligibility for R-HI?</p>  | <p>9/74</p>   |
| <p>If "Kidd" began treatment 1 day later on 7/1/74, the first month of his R-HI entitlement would be <u>(mo/yr)</u>.</p>  | <p>10/74</p>  |
| <p>If you wish, an easier way of remembering this requirement is:</p> <p><u>2 FULL CALENDAR MONTHS MUST PASS</u></p> <p>after the month dialysis begins.</p> <p>GO ON TO NEXT FRAME</p>   |   |
| <p>An individual may not always meet the technical requirements (insured status, relationship etc.) at the time a course of dialysis begins; however, upon meeting all non-medical requirements, entitlement would become immediately effective (provided that two calendar months have passed after the month dialysis began)</p> <p>GO ON TO NEXT FRAME</p> |   |

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| <p>Gilbert Evans, born 6/51, graduated from college in 5/72. In 6/73, after working only a short while, he was diagnosed as having CRD. Neither of his parents were fully or currently insured or received any monthly benefits. Because he received dialysis treatment beginning 6/73, he continued working and became currently insured within 9/73 and entitled to R-HI as of <u>                    </u>.<br/>(mo/day/year)</p> | <p>9/1/73</p>  |
| <p>Perry T. O'Neill, age 4, is diagnosed as having CRD and began dialysis treatment 8/74. Neither parent was fully or currently insured or receiving monthly benefits; however, Perry's father became currently insured as of 1/75. Perry's R-HI entitlement would be effective <u>                    </u>.<br/>(mo/day/year)</p>  | <p>1/1/75</p>  |
| <p>As you remember, disability-based HI benefits (D-HI) are effective after 24 months of consecutive disability entitlement based on CRD (R-HI) is effective after 2 calendar months have passed since the course of dialysis treatment began.</p> <p>GO ON TO NEXT FRAME</p>   |                |
| <p>There are occasions where earlier entitlement to R-HI can become effective. These occasions arise when kidney transplant occurs before a course of dialysis begins. Also, it may happen that transplantation occurs before the two full months of dialysis runs its course. These are called "early transplant" cases.</p> <p>GO ON TO NEXT FRAME</p>  |                |
| <p>R-HI will generally begin with the month of transplantation in the above situations. Barry Smith, 30 and fully insured suffered for a year with chronic renal disease. Without having ever undergone a course of dialysis, he had transplantation on 10/15/73. When will R-HI become effective for Barry?</p>  | <p>10/1/73</p> |

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| <p>James Thurman, age 26, and a child of an RR annuitant began a course of dialysis on November 12, 1973 and on December 28th underwent surgery for kidney transplantation. His R-HI begins: _____</p> <p style="text-align: right;">A. 12/1/73<br/>B. 02/1/73<br/>C. 02/12/73</p>  | <p style="text-align: right;">A. 12/1/73</p>                   |
| <p>Often in transplant cases the individual is hospitalized in advance of surgery for tests etc. in preparation for the transplantation. If he was hospitalized for such a purpose in the month before transplant surgery took place and was continuously hospitalized until surgery took place, R-HI can become effective the month before the month of surgery.</p> <p style="text-align: center;">GO ON TO NEXT FRAME</p>  |  |
| <p>Mr. Harris (an eligible R-HI patient) was hospitalized on January 23, 1974 for tests and preparation for Kidney Transplant. Surgery took place February 2, 1974. When does Mr. Harris' Medicare coverage begin?</p>  | <p style="text-align: right;">01/01/74</p>                     |
| <p>What is the effective date of R-HI in the below cases? (assume all meet the technical requirements)</p> <ol style="list-style-type: none"> <li>1. Hal begins dialysis 6/3/73. No transplantation occurs. _____</li> <li>2. Ron, begins dialysis 4/8/73 and transplantation occurs 10/8/73. _____</li> <li>3. Dirk, enters hospital 6/28/73 in preparation for transplantation, is continuously hospitalized until the event on 7/10/73. _____</li> </ol>                   | <p style="text-align: right;">9/1/73<br/>7/1/73<br/>7/1/73</p> |
| <ol style="list-style-type: none"> <li>4. Joyce, begins a course of home dialysis 9/8/73 and enters the hospital 11/14/73 in preparation for transplantation, is continuously hospitalized until surgery on 12/3/73. _____</li> <li>5. Evelyn, enters the hospital on 4/18/74 in preparation for transplantation. Surgery was to take place on 5/4/74 but due to complications was delayed until 6/5/74. She was continuously hospitalized during this time. _____</li> </ol> | <p style="text-align: right;">11/1/73<br/>5/1/74</p>           |

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| <p>D-HI requires a qualifying period of ____ months.</p> <p>R-HI requires a qualifying period of ____ calendar months after the course of dialysis begins.</p> <p>No qualifying period is required in early transplant cases.</p>   | <p>24</p> <p>2</p>   |
| <p>An individual entitled to R-HI benefits is eligible for all covered services under the Medicare Program. This means not only services involved in treatment of the renal ailment, but also other care the beneficiary may need.</p>  |  |
| <p>GO ON TO NEXT FRAME</p>  |  |
| <p>Renal dialysis and kidney transplantation can only be provided by an institution or facility that meets the required conditions of participation.</p> <p>City Hospital, a regular Medicare provider, opens a dialysis center. The services provided automatically covered. (are/are not)</p> | <p>are not, dialysis and transplantation centers are treated separately for purpose of certification</p> |
| <p>Other types of services for which the R-HI beneficiary may be entitled, whether connected to CRD or not, can be obtained from providers, suppliers, or physicians, which meet the regular requirements for Medicare payment.</p> <p>GO ON TO NEXT FRAME</p>                                  |  |
| <p>Mary Jones, age 4, an R-HI beneficiary, is treated by her pediatrician for a broken wrist. Are the pediatrician's services in setting her wrist covered? (yes/no)</p>  | <p>yes</p>   |



|  |         |
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| <p>Those individuals entitled to R-HI receive automatic enrollment in SMI (R-SMI) which begins concurrently with hospital insurance. The individual has 2 calendar months to decline SMI enrollment after the HI effective date.</p>       |         |
| <p>John Smith became entitled to R-HI on 10/74.<br/>His _____ entitlement also begins on 10/74.</p>  | SMI     |
| <p>There is no formal application requirement for HI based on chronic renal disease. However, Form SSA-38 is used to claim benefits and at the same time used as a condition of adjudication.</p> <p>GO ON TO NEXT FRAME</p>               |         |
| <p>Form _____ is used to claim benefits for HI based on chronic renal disease.</p>   | SSA-38  |
| <p>Since there is no formal application to establish R-HI, claims can be retroactive to the earliest point at which the individual met all of the requirements for entitlement, (but no earlier than 7/73).</p> <p>GO ON TO NEXT FRAME</p> |         |
| <p>Joe Cramer begins a course of dialysis in 8/73 and does not submit a claim until 10/74. He established an onset of dialysis treatment as of 8/73. His HI entitlement is effective as of _____ .<br/>(mo/day/yr)</p>                     | 11/1/73 |



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| <p>Termination of R-HI coverage will occur with:</p> <ol style="list-style-type: none"> <li>(1) the month of death of the beneficiary; or</li> <li>(2) the last day of the 12th month following a successful transplant or cessation of dialysis.</li> </ol>  |   |
| <p>GO ON TO NEXT FRAME</p>  |   |
| <p>George Good undergoes successful transplant on 8/73. His last day of coverage is _____.</p>  | <p>8/31/74</p>                              |
| <p>The next section of this text will discuss entitlement to supplementary medical insurance. You will learn when a person can enroll, when his coverage begins, and how he can terminate his benefits. No response is needed for this frame.</p> <p>GO ON TO NEXT FRAME</p>  |   |
| <p>One requirement for entitlement of the aged to the supplementary medical insurance plan is that a person must have attained age 65. Mildred asked about being able to get SMI when she filed for retirement benefits at age 62. She was told she could not yet enroll as she has not attained age ____.</p>                  | <p>65</p>                                   |
| <p>Now that you know an aged person must have <u>attained</u> age 65 to become entitled to SMI, please figure the month and year the following people can first meet their age requirement.</p> <ol style="list-style-type: none"> <li>a. Tom born 2/1/10</li> <li>b. Dick born 7/7/12</li> <li>c. Mary born 8/22/09</li> </ol> | <p>Tom 1/75<br/>Dick 7/77<br/>Mary 8/74</p> |

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| <p>The SMI program is voluntary. That is, eligible persons may choose whether or not they are to be covered. Henry is eligible for coverage under SMI. He can decide for himself whether or not he will be covered because his enrollment in SMI is _____.</p>   | <p>voluntary</p>          |
| <p>Another difference between the hospital insurance and supplementary medical insurance benefits is that a person does not need to have any type of insured status or coverage to become entitled to SMI.</p> <p>For example, Mary Brown, who was never employed, becomes age 65 in 1970. Her husband is five years younger than she is. Although she cannot be entitled to _____ she can become entitled to supplementary medical insurance.</p> | <p>hospital insurance</p> |
| <p>Like HI, SMI is available to persons age 65 and over. Sara is 64 years old. Sara may become entitled to the SMI when she is _____ years old.</p>  | <p>65</p>                 |
| <p>However, Sara is not required to enroll under SMI because enrollment is _____.</p>  | <p>voluntary</p>          |
| <p>Marcia, a retired beneficiary, is 64 years old. Marcia is not entitled to SMI coverage because she is not yet _____ years old.</p>  | <p>65</p>                 |

|   |                      |
|---|----------------------|
| <p>Charley Goeduck was born April 2, 1904. When would he be entitled to SMI? _____</p>  | <p>4/69</p>          |
| <p>Prior to 7/1/73, enrollment in SMI became effective by a positive response by the applicant. This necessitated a "yes" response in the appropriate block on the application blank (SSA-1,2, SSA-18, etc.)</p> <p>GO ON TO NEXT FRAME</p>   |                      |
| <p>Individuals who were entitled to benefits received an SSA-40 in the mail shortly before attaining age 65. A positive response was required of the beneficiary in order to become enrolled for SMI on a timely basis.</p> <p>GO ON TO NEXT FRAME</p>  |                      |
| <p>Effective 7/1/73, eligible persons will automatically be enrolled for SMI when they first become entitled to SMI. Only those wishing to decline SMI enrollment must take action.</p> <p>Action by the beneficiary will then only be required when he _____ wish SMI.<br/>(does/does not)</p> | <p>does not</p>      |
| <p>Milton Fudd became entitled to RIB at age 62. When he reaches age 65, his SMI coverage will be _____ effective.</p>  | <p>automatically</p> |

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|--|---|
| <p>Milton does not wish SMI coverage,<br/>He need take no action.</p> <p><u>                    </u><br/>(True/False)</p>  | <p>False</p>  |
|  |   |
| <p>Benjamin Bennett, age 60, established entitlement to DIB beginning 12/72, and will be entitled to HI beginning <u>          </u>. His SMI coverage would then begin <u>          </u>.</p>  | <p>12/74--the 25th consecutive month of DIB entitlement</p> |
|  | <p>12/74</p>  |
| <p>We also know that those individuals who have received disability benefits (DIB, CDB, or DWB) or are deemed entitled to disability benefits for 24 consecutive months and are currently within that status, <u>                    </u> (are/are not) entitled to automatic HI and SMI coverage.</p> | <p>are</p>  |
| <p>Hal Melon becomes entitled to DIB on 1/1/73. In 10/74, he receives notice that he will be covered for HI and SMI effective 1/1/75. He wishes the premium free HI coverage, but does not want SMI. Therefore, he must <u>          </u> coverage.</p>  | <p>refuse</p>   |
| <p>If a non-beneficiary files for HI after his IEP (initial enrollment period) has passed, he will be deemed to have enrolled for SMI during the next GEP (general enrollment period).</p> <p>GO ON TO NEXT FRAME</p>  |   |

|   |   |
|---|---|
| <p>Bill Johnson's IEP ended 10/74. In 11/75 he filed for HI. His SMI enrollment will be effective with the next _____.</p>  | <p>GEP, general enrollment period</p>   |
| <p>Bill's first date of SMI coverage will be _____</p>  | <p>7/1/76, GEP was 1/1/75 - 3/31/75</p> |
| <p>If an individual becoming entitled to HI refuses SMI coverage, future opportunities to enroll will not be automatic. Jack, an HI beneficiary, who has already refused SMI now wishes to file. His first opportunity will be during a _____; this enrollment is not automatic.</p>                  | <p>GEP</p>                              |
| <p>As previously discussed, non-beneficiaries who are eligible to enroll for HI and HI beneficiaries who have refused SMI _____ fall under the automatic SMI enrollment procedures.<br/>(will/will not)</p>   | <p>will not</p>                         |
| <p>Those persons filing for and entitled to HI retroactively for months prior to 7/73 are deemed automatically enrolled in SMI if filing occurred during an IEP or GEP. If filing did not occur during these periods, he is deemed enrolled in SMI as of the next GEP.</p> <p>GO ON TO NEXT FRAME</p> |   |



|   |                              |
|---|------------------------------|
| <p>Mrs. Simmons, age 66, filed on 9/73 and was awarded HI effective 9/72. Unless she <u>(declined/approved)</u> SMI coverage, she would be deemed automatically <u>(enrolled/not enrolled)</u> effective 7/1/74.</p>    | <p>declined<br/>enrolled</p> |
| <p>Not every person who is eligible for automatic enrollment in SMI wishes this coverage. These people have ample opportunity to decline the SMI coverage.</p>  |                              |
| <p>GO ON TO NEXT FRAME</p>  |                              |
| <p>The person who is filing for HI benefits for the first time can refuse SMI at the time of making application simply by checking the appropriate box and signing the application form.</p> <p>GO ON TO NEXT FRAME</p> |                              |
| <p>Most beneficiaries who will shortly reach age 65 receive Form SSA-40 directly from Baltimore with literature informing them that they are being automatically enrolled in HI and SMI.</p> <p>GO ON TO NEXT FRAME</p> |                              |
| <p>Lotta Lenya will be 65 in 6 months. At age 62 she had filed and was awarded RIB. She can expect to receive Form _____ from SSA advising her of automatic enrollment.</p>   | <p>SSA-40</p>                |

|   |  |
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| <p>Ed Burtz will be 65 in 9/73. He is retiring and during the interview in the DO, explains he does not wish SMI coverage. He _____ wait until the Form SSA-40<br/>(must, must not)</p>   | <p>must not</p>  |
| <p>comes in the mail.</p>   |  |
| <p>For those who receive entitlement notification by mail via the Form SSA-40, a HI identification card pre-printed with all needed information will be included. The beneficiary wishing both HI and SMI need not respond, but will retain the card for coverage purposes.</p> <p>GO ON TO NEXT FRAME</p>                        |  |
| <p>For those not wishing SMI coverage, the declination period will be 2 months after SMI entitlement notification is mailed. Mr. Miller is notified on 9/1/73 of his SMI entitlement. On 12/7/73, he advises declination of SMI. This _____ be treated as a termination of SMI<br/>(will/will not) coverage.</p>                  | <p>will, since 2 months have elapsed, automatic enrollment has begun</p> |
| <p>Since the last date of response for refusal and the date of entitlement as shown on the card are the same, individuals not responding timely will be responsible for premiums between the effective date and the date of _____.</p>  | <p>termination</p>   |
| <p>In areas like Puerto Rico, many individuals receive medical care without payment from other sources. Automatic enrollment would not be advantageous; therefore, Puerto Rico and other foreign areas are exempted. An applicant residing in Puerto Rico _____ take<br/>(must/must not) positive action for SMI entitlement.</p> | <p>must</p>  |

In review, there are three groups who must file for enrollment in SMI.

1. Persons living in P.R. or outside U.S.
2. Non-beneficiaries ineligible for any monthly benefit or HI.
3. Individuals wishing to re-enroll after terminated coverage, or rejected SMI coverage when they could have been automatically enrolled.

GO ON TO NEXT FRAME

The 1972 Amendments (effective 7/73) indicate all others will be given a reasonable opportunity to decline SMI. Upon this declination, they will not have any other opportunity to enroll in SMI.

(True/False)

False

In addition to being age 65, a person must meet one of the following conditions to be entitled to SMI under the aged category:

1. Be entitled to hospital insurance benefits because of entitlement to monthly social security benefits or being a qualified railroad retirement beneficiary or be deemed insured, or
2. Be a resident of the U.S. and
  - a. Is either a citizen or
  - b. An alien lawfully admitted for permanent residence who has been a resident in the U.S. for the 5 continuous years preceding the month in which he applies for enrollment.

Frank Mastergoiff has attained age 65 and is a citizen of the U.S. Since Frank is a citizen of the U.S., but not entitled to either social security HI or railroad benefits, which of these requirements must he meet to be eligible to enroll in SMI?

- a. Be a resident of the U.S.
- b. Be a civil service annuitant
- c. Receive State aid

- a. Be a resident  
of the U.S.

Jose recently moved to the U.S. He has never worked under the social security or railroad retirement systems. If he was \_\_\_\_\_ admitted for permanent residence and continues to be a resident for \_\_\_\_\_ years, he will be eligible to enroll when he attains age 65.

lawfully  
5

|  |  |
|--|--|
| <p>An alien must be lawfully admitted for permanent residence to enroll for SMI.</p> <p>Dr. Zahn came to the U.S. on a student visa for temporary residence. Even if he is here 5 years, he cannot enroll for SMI because he was not lawfully admitted for _____ residence.</p>  | <p>permanent</p>                                   |
| <p>A resident of the U.S. can enroll for SMI if he is also a citizen of this country.</p> <p>Martha's husband, age 61, is still working. Martha, age 65, is a citizen of the U.S. and lives in Kentucky. Can she enroll for SMI even though she has never been employed?</p> <p>_____<br/>(yes/no)</p>   | <p>yes</p>   |
| <p>An alien who is a social security beneficiary or qualified railroad retirement beneficiary does not have to be lawfully admitted to the U.S. for permanent residence to be able to enroll for SMI.</p> <p>Laura, a Canadian citizen, receives widow's benefits. When she attains age _____, she can be entitled for SMI because she is entitled to _____.</p>   | <p>65<br/>monthly social<br/>security benefits</p> |
| <p>How many years of residence are required before aliens can be enrolled for SMI? _____</p>   | <p>5</p>   |
| <p>A person who resides in any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam or American Samoa is considered a resident of the U.S.</p> <p>Salvador is a resident of Guam. For Medicare coverage he is also considered to be a _____ of the U.S.</p>   | <p>resident</p>                                    |
| <p>There are certain times we must question the allegation of U.S. residency. If the applicants address is a post office box or "general delivery" in a city or town bordering Canada or Mexico, or the address is in care of another person, we must question it.</p> <p>We would need to question the address of two of these non-beneficiaries. Check the ones we would need to identify:</p> <p>CONTINUED ON NEXT PAGE</p> |  |



|  |                |
|--|----------------|
| <p>1. Juan Garcia, Box 202, Houston, Texas - near Juarez, Mexico</p> <p>2. Stanislau Martenic, care of Peter Petranoff, 1812 14th St., New York, New York</p> <p>3. Charles Lindman, 719 Lexington Ave., Bellingham, Washington, - near Vancouver, British Columbia</p> <p>_____</p>   | 1 and 2        |
| <p>If an individual is receiving public assistance, residence need not be developed even in the questionable situation cited above. If Dan York is a public assistance recipient, we <u>(can/can not)</u> assume that the residence requirement is met.</p>  | can            |
| <p>Where a claimant states that he had himself naturalized (personal naturalization), acceptable evidence ordinarily will consist of a certificate of naturalization or a U.S. passport. Mary Blatz, a non-beneficiary, alleges citizenship by personal naturalization. Acceptable evidence of citizenship would be a U.S. passport or a certificate of _____.</p>   | naturalization |
| <p>Where development of residence is required and the claimant is in the U.S., we accept his explanation if it appears reasonable. Otherwise we would consult telephone and city directories and, if necessary, obtain statements from at least 2 reliable parties. A requirement for enrollment under the Supplementary Medical Insurance (SMI) program for persons who are not RSI, HI, or RRB beneficiaries is that they be _____ of the U.S.</p> | residents      |
| <p>Ivan, a nonbeneficiary, is 64 years old. He lives in New York City. Although Ivan is not a U.S. citizen, he has lived in New York for 20 years and has been admitted to this country for permanent residence. Thus, Ivan <u>(will/will not)</u> be eligible to enroll for SMI.</p>  | will           |



|  |                  |
|--|------------------|
| <p>Igor Meski, who is 64 years of age, is an alien admitted to the U.S. for permanent residence. He has lived in the U.S. continuously for 3 years. Previous to his admittance for permanent residence, he had been in the U.S. off and on through the years. He is entitled to a RIB. He will be able to enroll for Supplementary Medical Insurance even though he is not a citizen and has not resided here for 5 years only because he is _____ to social security monthly benefits.</p>  | <p>entitled</p>  |
| <p>Emil Loff is also an alien admitted to the U.S. for permanent residence. He too has lived in the U.S. continuously for 2 years. Unlike Igor, he is not eligible for RIB. He _____ enroll for Supplementary Medical Insurance at this time.<br/>(can/cannot)</p>   | <p>cannot</p>    |
| <p>Citizenship can be acquired by a woman by her marriage to a U.S. citizen before September 22, 1922. If married before September 22, 1922, to a noncitizen, she derives citizenship if her husband is naturalized before September 22, 1922. This is called "derivative naturalization." Either proof of her husband's birth in the U.S. or of his naturalization is required. Proof of marriage will also be required. Alice McFain says she derived citizenship through her marriage to a U.S. citizen. If she married before September 22, 1922, her statement is _____.<br/>(True/False)</p> | <p>True</p>      |
| <p>Proof of admission for permanent residence will, generally, consist of a Form I-151 issued by the Immigration and Naturalization Service (INS). Other evidence, Forms AR-3 or AR-3a (Alien Registration and Receipt Card) may be used only if they indicate admission for permanent residence. Form _____ is acceptable evidence of permanent admission to the U.S.</p>   | <p>I-151</p>     |
| <p>Applicants who are aliens should furnish a form I-151, or an acceptable form AR-3 or AR-3a reflecting _____ admission to the U.S.</p>   | <p>permanent</p> |

|   |  |
|---|--|
| <p>An alien satisfactorily proves he was admitted to the United States prior to 6/30/48 and continuously resided in the U.S. from the time of entry. We will presume, for HIB-SMIB entitlement, that he is lawfully admitted for permanent residence unless something in the file negates the presumption.</p> <p>Under this tolerance, it must be established the alien entered prior to _____.</p>  | <p>6/30/48</p>                           |
| <p>Admittance for permanent residence is required for un-insured aliens. The tolerance for assuming lawful admittance is only applicable for those aliens who _____ in the U.S. from the time of their entry.</p>   | <p>continuously resided</p>              |
| <p>An alien who is known to be an official of a foreign government, representative of an international organization, or a member of the family or servant of such a person cannot be presumed to have entered for permanent residency.</p> <p>Soldat Gotkey, fourth vice secretary, of Middle Slobovia, entered the U.S. April 12, 1939, to take over his duties. Although he entered prior to _____, he cannot be _____ to have entered for permanent residence because he is an official of a foreign government.</p>                               | <p>6/30/48 presumed</p>                  |
| <p>In review, the three things required for presumed lawful admittance for permanent residency are:</p> <ol style="list-style-type: none"> <li>1. Entered U.S. prior to _____</li> <li>2. _____ residency in U.S. from time of entry</li> <li>3. There must be nothing in file to _____ the presumption of permanent residency</li> </ol>   | <p>6/30/48<br/>Continuous<br/>negate</p> |
| <p>Which of these people have presumed lawful admittances for permanent residency? Please circle the correct answer. There is nothing in their files to indicate they didn't enter permanently.</p> <ol style="list-style-type: none"> <li>1. Charles Svoodi entered on 10/3/51 and remained permanently thereafter.</li> <li>2. Marta Gazor entered 5/3/36, went back to Leichtenstein on 4/2/45 and 7/7/52. She has been in the U.S. since 10/5/53.</li> <li>3. Sven Jorgenson entered U.S. on 3/5/40 and has been here since that date.</li> </ol> | <p>3. Sven Jorgenson</p>                 |

|   |  |
|---|--|
| <p>An aged person's first enrollment period begins three months before he attains age 65.</p> <p>Since a person attains his age on the day before his birthday, Peter Piper, who was born 3/1/05, will have his first enrollment period starting with the month of _____ 1969.</p>  | <p>November</p>  |
| <p>By applying for SMI in any one of the 3 months before he attains age 65, a person's coverage begins with the month of attainment of age 65.</p> <p>When will SMI coverage start for these people?</p> <ol style="list-style-type: none"> <li>1. Hardy Pool, born 8/10/07, files 7/31/72 _____</li> <li>2. Myrtle Ford, born 12/20/08, files 9/20/73 _____</li> <li>3. Sam Goliath, born 11/8/06, files 9/1/71 _____</li> </ol> | <p>8/72<br/>12/73<br/>11/71</p>                        |
| <p>There are 7 months in his initial enrollment period when a person can enroll for SMI. The period starts with the 3 months before the month he attains age 65 and ends with the last day of 3rd month after the month of attainment of age 65.</p> <p>Begonia Jones attains age 65 on 2/3/70. Her initial enrollment period begins 11/1/69 and ends _____.</p>  | <p>5/31/70</p>   |
| <p>Begonia's husband, Lucias Jones, was born 8/21/04. He attains age 65 on _____, so his initial enrollment period is the 7 month period beginning _____ and ending _____.</p>  | <p>08/20/69<br/>05/01/69<br/>11/30/69</p>              |
| <p>What would the initial enrollment period be for people with the following dates of birth?</p> <ol style="list-style-type: none"> <li>1. 8/14/05 _____</li> <li>2. 5/30/04 _____</li> <li>3. 2/2/07 _____</li> </ol>  | <p>5/70 - 11/70<br/>2/69 - 08/69<br/>11/71 - 05/72</p> |



The first month of coverage for supplementary medical insurance is determined by the month the person enrolls for SMI. There are four basic rules for new enrollees who file in their 7 month initial enrollment period.

1. If a person enrolls in any of the 3 months preceeding the month the requirements for coverage are met, the coverage period will begin on the first day of the month such requirements are met.
2. Enrollment in the first month that all requirements are met--his coverage period begins with the first day of the next month.
3. Enrollment in the month following the month he meets the requirements, his coverage begins with the first day of the second month following the month he enrolls.
4. Enrollment in last two months of initial enrollment period, the coverage period begins the first day of third month following the month in which he enrolls.

THIS CHART ILLUSTRATES THE ABOVE SITUATIONS

| INITIAL ENROLLMENT PERIOD |     |     |   |     |     |     |     |     |     |     |
|---------------------------|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|
| (7 months)                |     |     |   |     |     |     |     |     |     |     |
| E-3                       | E-2 | E-1 | E | E+1 | E+2 | E+3 | E+4 | E+5 | E+6 | E+7 |
| X                         | X   | X   | C |     |     |     |     |     |     |     |
|                           |     |     | X | C   |     |     |     |     |     |     |
|                           |     |     |   | X   |     | C   |     |     |     |     |
|                           |     |     |   |     | X   |     |     | C   |     |     |
|                           |     |     |   |     |     | X   |     |     | C   |     |

X - month of enrollment

C - first month of coverage

E - month first eligible for coverage

|   |   |
|---|---|
| <p>Using the chart on page 46 and assuming the requirements for enrollment for the following people are met at attainment of age 65, determine the effective date of coverage based on the date they enroll.</p> <ol style="list-style-type: none"> <li>1. John Hill, born 6/13/09, applies for HI 9/05/74. His SMI coverage begins _____.</li> <li>2. Humphrey Hubert was born 08/12/08. Being an early bird, he files for HI on 5/30/73. His SMI coverage begins _____.</li> <li>3. Roxie Nelsonfellow applies for HI on 1/5/74. She attained age 65 in 12/73. Her SMI coverage will be effective on _____.</li> <li>4. Tung Tsi Mau will become age 65 on 12/25/73. He filed for HI on his birthday. His SMI coverage began _____.</li> </ol> <p>If Tung had filed 11/25/73, his coverage would have been effective _____.</p> <ol style="list-style-type: none"> <li>5. Charlie Chapman attained age 65, 7/4/73; he enrolled on 9/4/73. When will he be covered for SMI? _____</li> </ol> <p>His wife attained age 65 on 11/5/73 and enrolled when he did. Her coverage will begin _____.</p> <ol style="list-style-type: none"> <li>6. Jim Neighbors became entitled to DIB on 11/1/73. His HI entitlement and SMI coverage will begin _____.</li> </ol> | <p>12/01/74</p> <p>08/01/73</p> <p>03/01/74</p> <p>01/01/74</p> <p>12/01/73</p> <p>12/01/73</p> <p>11/01/73</p> <p>11/01/75</p> |
| <p>You now know that a person's coverage begins with the first day of the first month he meets the requirements for SMI if he files for HI in one of the _____ months before the requirements are met.</p>  | <p>3</p>  |
| <p>However, if a person files in the month the requirements for enrollment are met, his coverage doesn't begin until the first day of the _____ month following the month he enrolls.</p>   | <p>following, next, or similar term</p>   |



|  |  |
|--|--|
| When delaying his enrollment for SMI until the month following the month he meets the requirements, a person's coverage begins on the _____ day of the _____ month following the month he actually enrolls.  | first - second   |
|  |  |
| The SMI coverage for a person filing for HI in the second or third month after meeting the requirements will not begin until the _____ day of the _____ month after enrollment.  | first - third  |
|  |  |
| <p>People who fail to enroll during their initial enrollment period can enroll during a general enrollment period. General enrollment periods are the 3 month period of January-March of each year.</p> <p>Ruby Russell failed to enroll in her initial enrollment period. She will be allowed to enroll during a _____.</p> | general enrollment period                                |
| <p>A person who fails to enroll during his initial enrollment period can enroll during any subsequent general enrollment period.</p> <p>What would be the first general enrollment period for Lawrence Doolittle, born 8/2/07, who failed to enroll in his initial enrollment period?</p> <p>Your answer? _____</p>          | Jan. - March 1973  |
| <p>What is the first general enrollment period for the following people:</p> <ol style="list-style-type: none"> <li>1. Paul Dogson, born 4/1/05 _____</li> <li>2. Rusty Seabolt, born 11/11/07 _____</li> <li>3. Marilyn Joneson, born 3/5/08 _____</li> </ol>   | <p>1/71 - 3/71</p> <p>1/73 - 3/73</p> <p>1/74 - 3/74</p> |

**PLEASE READ THE ENCLOSED MATERIAL BEFORE MAKING YOUR CHOICE**

If you do NOT want medical insurance

1. Do NOT cut out the Health Insurance Card. Fill in the information on the back of this form and return it BEFORE the effective date shown on the Health Insurance Card.
2. CAREFULLY FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS FORM.

If you DO want medical insurance

1. Cut out the card below. This is your Health Insurance Card. Your coverage and your medical insurance premium begin on the date shown.
2. Throw away the rest of this form.

**Health Insurance**

**SOCIAL SECURITY ACT**

NAME OF BENEFICIARY

Harry I. Benny

CLAIM NUMBER

321-54-9876A

SEX Male

IS ENTITLED TO

Hospital Insurance

Medical Insurance

EFFECTIVE DATE

7/1/73

7/1/73

PLEASE READ THE ACCOMPANYING INSTRUCTIONS

SIGN  
HERE

Social Security beneficiaries are mailed a form SSA-40 three months prior to attainment of age 65, or if otherwise, prior to entitlement to HI benefits. The form is a notification of HI and SMI coverage and simultaneously an opportunity for SMI refusal. It also includes the actual Health Insurance card. IN OUR EXAMPLE, Harry I. Benny received the above and below portions of the form in the mail. It is a form to be used in identification of \_\_\_\_\_ and \_\_\_\_\_. Harry received the card because he is a Social Security \_\_\_\_\_ who is within three months of age \_\_\_\_\_ or otherwise entitled to HI. The form is also to be used if Harry wishes to refuse SMI.

(Fill in the blanks. See Top, Page 51, for answers)

If you DO NOT want medical insurance

1. Check the box below, sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want medical insurance. You must return the form BEFORE the date shown on the card.
2. Since you are entitled to hospital insurance, even though you do not want medical insurance, we will send you a new card showing that you have hospital insurance only.

Form Approved.  
OMB No. 72-R0698

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under "Medicare."
3. Get in touch with your social security office if you have questions about your rights under "Medicare."
4. Your card is good wherever you live in the United States.

WARNING: Issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF UNITED STATES GOVERNMENT.  
IF FOUND DROP IN NEAREST U.S. MAIL BOX.

Return To: SOCIAL SECURITY ADMINISTRATION  
Baltimore, Maryland 21235

FORM SSA-1966 (4-72)

I DO NOT WANT MEDICAL INSURANCE ☐ Check here

SIGN  
HERE

WRITTEN SIGNATURE (or Legal Representative)

(SAMPLE ONLY)

SIGNATURE BY MARK (X) MUST BE WITNESSED

SIGNATURE  
OF WITNESS

ADDRESS OF  
WITNESS

|  |                     |
|--|---------------------|
| Harry received an SSA-40 to be used for identification in <u>H I &amp; S M I</u> . He received it because he is a social security <u>beneficiary</u> who is within three months of attainment of age <u>65</u> .                           |                     |
| GO ON TO NEXT FRAME  |                     |
| If the beneficiary fails to return the SSA-40 with a negative response one month prior to the month of entitlement, he will be _____ covered in HI and SMI. His health insurance card is _____ for use. (ready/not ready)                  | automatically ready |
|  |                     |
| Harry received his SSA-40 and responded with a "NO" within 2 months. SSA then issued him a health insurance card indicating _____ only.  | hospital insurance  |
| Suppose Harry decided to refuse SMI, but delays in responding. Upon receipt of his late negative response, it was determined that automatic enrollment was effective. Therefore, his negative response was treated as a _____. termination |                     |
| If Harry's response was received 9/1/73 in Baltimore, his termination would be effective _____ and he would be responsible for _____ months of premiums.   | 12/31/73<br>6       |



A person who is filing for monthly, or hospital, benefits at the same time he enrolls for SMI must sign the election block on his application and elect whether or not he wants the supplementary medical insurance benefits.

Federal Law. I affirm that the above statements are true.

SIGNATURE OF APPLICANT

Date (Month, day, year)

Signature (First name, middle initial, last name) (Write in ink)

8/3/73

Telephone Number(s) at which you may be contacted during the day

SIGN  
HERE

Iva Habit

None

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

120 East St

City and State

Nowhere, Arizona

ZIP Code

97420

Enter Name of County (if any) in which you now live

Johnson

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

Answer the question below only if you are now AGE 65 or older, or you will reach AGE 65 in this month, or one of the next 3 months.

ENROLLMENT IN THE SUPPLEMENTARY MEDICAL INSURANCE BENEFITS PLAN

Your social security office will be glad to explain this plan and to give you a leaflet containing information on the physicians' and surgeons' services and other medical services covered, premium amounts, enrollment periods, etc. A request for enrollment cannot be effective unless it is made within one of the enrollment periods specified in the law. If you do not enroll within your initial enrollment period, you may have to pay a higher premium and your coverage will be delayed.

Do you wish to enroll in the supplementary medical insurance benefits plan? (Premium payments will be due. Where possible, these payments will be deducted from your monthly benefit check.)

☐ Yes

☐ No

Sign below regarding medical insurance benefits plan.

SIGN  
HERE

Miss Habit was born 6/28/08. She is filing for retirement benefits on an SSA-1. The above application is not complete because she did not \_\_\_\_\_ whether she wanted SMI or \_\_\_\_\_ the enrollment block.

indicate, elect,  
(or similar term)  
sign

What is her initial enrollment period? \_\_\_\_\_ to \_\_\_\_\_

3/1/73 -  
9/30/73

|   |   |
|---|---|
| <p>A person who is not enrolled during his initial enrollment period will be able to enroll during a <u>general</u> enrollment period.</p> <p>Mattie Nightengale wasn't enrolled during her <u>initial enrollment period</u>. She will now have to enroll during a _____ enrollment period.</p> | <p>general</p>                            |
| <p>There are, then, two types of enrollment periods. They are the _____ and _____ enrollment periods.</p>   | <p>initial<br/>general</p>                |
| <p>General enrollment periods are from January 1 of every year through March 31 inclusive.</p> <p>What are the dates of general enrollment periods?</p> <p>_____</p>  | <p>Jan. 1 - March 31</p>                  |
| <p>An individual who was not enrolled in his initial enrollment period can enroll during any subsequent general enrollment period.</p> <p>Could Tom Hokey, whose initial enrollment period ended 2/74, enroll in 3/74?</p>  | <p>yes</p>                                |
| <p>What is the next enrollment period he could have?</p> <p>_____ through _____</p>   | <p>January 1, 1975<br/>March 31, 1975</p> |



|  |  |
|--|--|
| <p>Winnifred Wynesgotes initial enrollment period ended 2/28/74. She can enroll in any GEP. True or False?</p> <p>The first month she could enroll would be _____.</p>   | <p>True</p> <p>March</p>                                   |
| <p>The second enrollment must be made in a GEP. Mrs. Imma Burton's initial enrollment terminated 4/30/73. She may enroll in her first GEP beginning _____.</p>   | <p>01/01/74</p>  |
| <p>Mrs. Burton would be able to reenroll in the GEP's of 1/1/74-3/31/74, 1/1/75-3/31/75 and 1/1/76-3/31/76 and so on. True or False?</p>   | <p>False - may only reenroll once</p>                      |
| <p>Coverage for people who enroll during a general enrollment period begins with July 1 of that year. Gary Gaulfer attained age 65 in 5/10/75. He wasn't enrolled in his initial enrollment period which began _____ and ended _____, but he did enroll March 25, 1976. Since this is a _____ his coverage began 7/1/76.</p> | <p>02/01/75<br/>08/31/75<br/>General Enrollment Period</p> |
| <p>General enrollment periods extend from _____ through _____ of every year. Coverage for those who enroll in a GEP begin _____ of that year.</p>  | <p>Jan. 1<br/>March 31<br/>July 1</p>                      |

Occasionally an individual will not be enrolled timely because he has documentary evidence showing an incorrect age. When this happens, the date shown on the incorrect document will be used as a basis for enrollment if the evidence shows him to be younger than his correct age and he believed he was the incorrect age.

GO ON TO NEXT FRAME

On 8/15/75, Hardy Skinner came to the office to file for retirement and SMI benefits, presenting an army record showing he was born 9/23/10. Since he was born in New York, he was requested to get a birth certificate. The original birth certificate came in showing he was born 9/23/09. Hardy was surprised as he didn't know the record existed and always thought the military record was correct. For enrollment in SMI, the date of birth on the \_\_\_\_\_ will be used.

military record

The document will be used only for enrollment in SMI, not for entitlement to RSI. Hardy Skinner's entitlement to retirement benefits would be based on the date of birth of \_\_\_\_\_ while the date of birth for enrollment to SMI would be \_\_\_\_\_.

09/23/09  
09/23/10

It is important to remember that the evidence presented by the person seeking to enroll for SMI will be used to establish his initial enrollment period even though he becomes entitled to an RIB or HIB based on other evidence. Calvin Collridge, believing he would be age 65 in 3/21/74 because of a family Bible, files for SMI 3/5/74.

His actual date of birth, based on an original Birth Certificate, is 3/21/08. His initial enrollment period will be \_\_\_\_\_ to \_\_\_\_\_ and his coverage will be effective \_\_\_\_\_ because he thought he would be 65 in 3/74.

12/1/73 - 6/30/74  
4/1/74

The evidence presented at the time of enrolling for SMI must have made the person younger than his true age. Both Hardy and Calvin thought they were \_\_\_\_\_ than they actually were.

younger

|  |                                |
|--|--------------------------------|
| <p>A second point to remember is that the person must not have been enrolled timely because of a <u>mistaken</u> belief as to his correct date of birth. Mable filed for benefits on 4/1/73. She had a child's BC showing she was age 28 in June 1936. She told the CR the BC was in error as she was born in 1907.</p> <p>Development of POA verified the 1907 alleged DOB. Although her evidence was in error, she was not _____ about her correct date of birth and will not be allowed to use the age on the document to establish an initial enrollment period.</p> | <p>mistaken</p>                |
| <p>So the two rules for using an erroneous document to establish a person's initial enrollment period are:</p> <ol style="list-style-type: none"> <li>1. The document must make the person _____ than he actually is.</li> <li>2. Not being enrolled timely must have been based on the _____ belief the document was correct.</li> </ol>  | <p>younger</p> <p>mistaken</p> |
| <p>Under Medicare, the 3-year limit on enrollment or re-enrollment for SMI has been eliminated as of 7/1/73. However, an individual may not enroll in SMI more than two times.</p> <p>GO ON TO NEXT FRAME</p>  |                                |
| <p>In other words, should a person enroll in SMI during his IEP and terminate, then re-enroll at a later date, he may expect to be able to terminate again and _____ to enroll again. (be able/not be able)</p>  | <p>not be able</p>             |
| <p>In addition, no person will be subject to the 10% - 12 month premium increase for failing to enroll or re-enroll if the 3 year limitation restricted him from doing so.</p> <p>GO ON TO NEXT FRAME</p>  |                                |

|  |   |
|--|---|
| <p>Stan Thompson, whose IGEP was 9/65 - 6/66, first enrolls for SMI in the 1973 GEP. By prior law, he could not have enrolled in SMI after the 1969 GEP (1/69 - 3/69). His penalty will be based on what period of time?</p>   | <p>6/66 - 3/69 and<br/>1/73 - 3/73<br/>- OR -<br/>30%. He will not be charged with 3/69-3/73 since it was after the 3-year limit.</p> |
| <p>There are certain limitations to enrollment. No individual is eligible to enroll who has been convicted of specific crimes against the U.S. (treason, sabotage, espionage, etc.), or has enrolled twice before for SMI, (with the exception of cases involving termination of coverage under State buy-in agreements).</p> <p>What are the two limitations to enrollment?</p> | <p>Conviction of certain crimes against U.S.</p> <p>Two prior enrollments</p>   |
| <p>Benidict was charged with treason against the U.S. If he is _____ for treason he cannot enroll for SMI.</p>   | <p>convicted</p>  |
| <p>We said there is generally a limitation of two enrollments.</p> <p>Charlie, age 68, wants to enroll for SMI for the 3rd time. He cannot enroll again because he had enrolled _____ before.</p>  | <p>twice</p>  |
| <p>Generally, how many times can a person enroll for SMI?</p> <p>_____</p>   | <p>two</p>  |



|   |   |
|---|---|
| <p>Persons convicted of certain crimes against the U.S. cannot enroll for SMI.</p> <p>Can a person who had been convicted of espionage against the U.S. enroll for SMI? _____</p>   | <p>no</p>   |
| <p>Indicate with an L for limitation on enrollment or an R for requirement for enrollment on the following:</p> <p>_____ 1. Attainment of age 65</p> <p>_____ 2. Conviction for certain crimes against the United States</p> <p>_____ 3. Two prior enrollments</p> <p>_____ 4. Is entitled to HIB or,</p> <p>_____ 5. Is a resident of the U.S. and either a citizen or an alien lawfully admitted for permanent residency who continuously resided in the U.S. in the 5 years immediately preceding the month he applies for enrollment.</p> <p>_____ 6. Has received DIR for 24 consecutive months.</p> | <p>R</p> <p>L</p> <p>L</p> <p>R</p> <p>R</p> <p>R</p>                             |
| <p>The aliens in the next two questions are neither railroad nor social security beneficiaries. Indicate the proper reason for disallowing each claimant's request for enrollment in SMI.</p> <p>Zanoff arrived in the U.S. from Lichtenstein on 4/10/71. At that time he was 82 years old. On 3/8/74 he comes to the district office to inquire about SMI. The claims representative tells him he is not entitled to SMI because:</p> <p>1. He was too old when he came to the U.S.</p> <p>2. He hasn't been in the U.S. 5 consecutive years.</p> <p>3. Lichtenstein is a restricted country.</p>        | <p>2. Hasn't been in U.S. 5 years</p>   |
| <p>Benard Lordganion was convicted of espionage against the U.S. While in Borton federal prison he inquires about SMI. He is told he cannot enroll because:</p> <p>1. He was convicted of a crime against the U.S. which precludes enrollment.</p> <p>2. There are no covered medical services in Borton</p> <p>3. He doesn't have a social security number</p>   | <p>1. He was convicted of a crime against the U.S. which precludes enrollment</p> |
| <p>CONGRATULATIONS ON MAKING IT THIS FAR!<br/>DON'T GIVE UP YET AS YOU HAVE JUST A LITTLE MORE TO GO. NOW GO ON TO THE NEXT PAGE.</p>   |   |



|   |                            |
|---|----------------------------|
| <p>To be entitled to SMI, a person must pay a monthly premium. If Rhoda Berder wants SMI benefits, she will have to pay a monthly _____.</p>  | <p>premium</p>             |
|   |                            |
| <p>The premiums are \$6.30 a month. Rhoda will have to pay \$_____ a month for her SMI coverage.<br/>(Prior to 7/73, the premiums were \$5.80 a month.)</p>   | <p>\$6.30</p>              |
|   |                            |
| <p>People in benefit status will have their premiums deducted from their benefits. Bertha Nation is in benefit status. Her premium will be _____ from her monthly checks.</p>                             | <p>deducted</p>            |
| <p>Nonbeneficiaries and most beneficiaries in suspended payment status will be billed for their SMI premiums. Charlie has had his monthly benefit suspended so he will be _____ for his SMI premiums.</p> | <p>billed</p>              |
| <p>Beneficiaries will either be _____ for their premiums or have them _____ from their check.</p>   | <p>billed<br/>deducted</p> |

Most enrollees will pay their own premiums. It is not necessary that the enrollee who is being billed pay his premiums himself. They may be paid by a relative, friend or organization, or anyone else may pay premiums for one or many enrollees.

GO ON TO NEXT FRAME

A person who is receiving monthly benefits from social security or railroad retirement cannot have his premiums paid by a group. His premiums must be deducted from his monthly check.

Agatha Crispie, a retired postal clerk, wants to have her premiums paid by a fraternal organization. She will not be allowed to do this because they must be \_\_\_\_\_ from her retirement check.

deducted

Which of these people can have their premium made by a group payment?

1. Charlie, still working for Ancient Construction Co. and not receiving monthly benefits. The company wants to make his payments.
2. Fritz, a railroad retirement beneficiary wants to have his Lodge pay the premiums. He is in benefit status.

ANSWER

Charlie can join a group plan. He is not in benefit status. Fritz must have his premiums deducted from his monthly check from railroad retirement because he is in benefit status.

A son of an enrollee telephones the DO to find out if he can pay his father's SMI premium. The enrollee does not receive monthly benefits. The son \_\_\_\_\_ make the payments for the enrollee.

can or may

Coverage for SMI can be terminated in these ways:

- (1) By the individual voluntarily requesting his coverage be terminated
- (2) Because of non-payment of premium, and
- (3) With the month of death of the individual.

GO ON TO NEXT FRAME

These are the three ways SMI can be terminated:

- (1) With the \_\_\_\_\_ of the individual
- (2) By the individual \_\_\_\_\_
- (3) Because of \_\_\_\_\_ of premiums

death  
voluntarily  
non-payment

List the 3 ways SMI can be terminated:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Death of  
beneficiary  
Voluntary  
termination  
Non-payment of  
premiums

A person can voluntarily request termination of his SMI coverage at any time. Such a request will result in termination of the coverage effective with the end of the last day of the quarter following the quarter the request was made. For example: A person who files a request on 5/10/75 will have his coverage terminated effective 9/30/75.

GO ON TO NEXT FRAME

What will the effective date of SMI termination be for requests on the following dates?

1. 09/02/74 \_\_\_\_\_
2. 01/01/75 \_\_\_\_\_
3. 07/12/74 \_\_\_\_\_

- (1) 12/31/74
- (2) 06/30/75
- (3) 12/31/74

Before voluntary termination can be effective, the Administration must have a signed statement (preferably on a Form SSA-1763, Request for Termination of SMI) which clearly and unequivocally indicates the enrollee's desire to terminate his coverage.

A letter asking only for information about SMI termination by itself, will not be cause to terminate coverage since it would not \_\_\_\_\_ and \_\_\_\_\_ show the enrollee's intentions.

clearly and unequivocally

If the person files a writing from which it can be reasonably assumed he wants to terminate his coverage and follows it up with an unequivocal request, the date of the first writing will be the basis for the effective date of termination.

GO ON TO NEXT FRAME

Don Harder sent a postcard as follows:

9/20/74

*I cannot afford to pay  
for my medicare. Please send  
me forms to stop it. My  
number is 503-03-0305A.*

*Sincerely Yours,  
Don Harder*

On September 4, 1974, he completes a SSA-1763 which clearly and unequivocally shows he wants to terminate coverage. What date will be used as the basis of his termination?

SEE NEXT FRAME FOR ANSWER

The postcard date 6/20/74 will be used, as it would be reasonable to assume he wants his coverage terminated. His coverage will be terminated at the end of 9/30/74, the last day of the quarter following the quarter he filed the request for termination.



|  |                                  |
|--|----------------------------------|
| <p>When a person does not submit a signed statement which unequivocally and clearly shows his intention, his coverage will not be terminated. Which two of these events will cause termination?</p> <ol style="list-style-type: none"> <li>1. A person telephones the DO, very angry with SSA and Medicare. He says he wants to drop his SMI coverage right now. The CR tries to make an appointment to discuss it, but the beneficiary refuses and says forget he called.</li> <li>2. A daughter of a beneficiary sends a letter wanting to stop her father's SMI coverage. The beneficiary is competent and says the daughter had no authority.</li> <li>3. A beneficiary sends a signed letter asking to have his SMI stopped. He refuses to make an appointment or to discuss it further.</li> <li>4. The beneficiary comes to the office and signs an SSA-1763. On it he states he has veterans hospitalization and doesn't want social security Medicare.</li> </ol> <p>Cases _____ and _____ will terminate the coverage.</p> <p>ANSWER BELOW</p> |                                  |
| <p>Cases 3 and 4 will terminate the coverage. In both cases, the person has clearly and unequivocally indicated he does not want coverage and has signed a statement to that effect.</p> <p>In case #1 the person was clear and unequivocal about his position but didn't sign a statement. The daughter in Case #2 was not authorized to sign the request for termination and the beneficiary did not want his coverage terminated.</p>   |                                  |
| <p>We now know a person can voluntarily terminate SMI coverage at any time by _____ and _____ indicating his desire to do so.</p>  | <p>clearly and unequivocally</p> |
| <p>He must also submit a signed statement preferably on an _____ indicating his desire to do so.</p>   | <p>SSA-1763</p>                  |



|  |                  |
|--|------------------|
| <p>HI must also terminate with the termination of disability benefits due to remarriage or improvement of the medical condition.</p>   |                  |
| <p>GO ON TO NEXT FRAME</p>   |                  |
| <p>In cases of deemed or actual DWB entitlement, HI will terminate with the month prior to the month of remarriage.</p>  |                  |
| <p>GO ON TO NEXT FRAME</p>   |                  |
| <p>Lil Burgess remarried in 9/74. Having been entitled to deemed DWB, her HI benefits will terminate as of _____.</p>  | <p>8/74</p>      |
| <p>An individual who elects RIB prior to age 65 and who had actual DWB entitlement at the time, would be considered deemed entitled to DWB until age 65. For this reason, HI entitlement would continue to age 65 regardless of possible improvement in medical condition.</p> |                  |
| <p>Tillie Toiler attained age 63 and elected a reduced RIB while she was in DWB status because the RIB was greater. Termination of her DWB _____ terminate her HI entitlement. (would/would not)</p>   | <p>would not</p> |

|  |   |
|--|---|
| <p>In the case of individuals entitled to a mother's (E) or widow's (D) benefit who have established deemed DWB status, cessation of the disability <u>will</u> terminate HI (&amp; SMI). Continuing disability investigations are required in these cases.</p>  |   |
| <p>GO ON TO NEXT FRAME</p>   |   |
| <p>Dizzy Abel, an E beneficiary, had established a deemed DWB entitlement based on a stroke suffered shortly after her husband died. Three years later her condition improved through use of therapy. A _____ is required to determine her continuation of HI entitlement.</p>   | <p>continuing disability investigation</p>          |
| <p>The death of the beneficiary terminates his coverage with the day of death.</p> <p>For example, an enrollee who dies 8/19/76 will have coverage through 8/19/76.</p> <p>Count Downey died 4/3/76. His daughter calls the office to determine when his SMI coverage terminates. We should tell her it ends _____.</p>  | <p>April 3, 1976<br/>(through the day of death)</p> |
| <p>HI and SMI coverage will always terminate with the _____ of death of the beneficiary. Termination by voluntarily requesting it becomes effective the last _____ of the last month of the quarter following the quarter in which the request was made. Coverage can also be terminated for failure to pay premiums.</p>  | <p>day<br/>day</p>                                  |
| <p>In deemed insured cases the first premium is ordinarily due on the third day after the month of initial billing. Subsequent quarterly due dates will be the third day of subsequent 3-month periods.</p> <p>Marty Martin received his initial billing on January 2. His premium will ordinarily be due February 3 (the third day after the initial month of billing) and his subsequent quarterly due date will be _____.</p> | <p>May 3</p>  |

|   |   |
|---|---|
| <p>Since his due date is May 3, and subsequent quarter premium due dates will be due on the third day of subsequent 3-month periods, his next due date after May 3 will be _____.</p>   | <p>August 3</p>   |
|   |   |
| <p>We have learned that the first premium is due on the _____ day of month after the month of billing. The subsequent premiums will be due on the third day of each subsequent three _____ periods.</p>   | <p>third<br/>month</p>  |
|   |   |
| <p>The beneficiary is allowed a grace period which ends the last day of the third month after the month of billing or billing period. Sara Zar is billed in March. Her grace period will end _____.</p>   | <p>June 30</p>  |
| <p>A beneficiary who fails to pay his premiums by the end of the grace period will be terminated unless good cause can be shown. A 90-day extension may be granted in these cases. Sara's grace period ends June 30, her coverage will be _____ if she has not paid her premiums and good cause is not established.</p> | <p>terminated</p>   |
| <p>In review, SMI coverage can be terminated in three ways. They are:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>  | <p>1.voluntary request<br/>2.non-payment of premium<br/>3.death</p> |

Coverage terminated by non-payment is effective the last day of the \_\_\_\_\_ period unless the 90 day extension has been granted.

grace

Coverage terminated by death is effective with the \_\_\_\_\_ of death.

day

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## INDEX

|  |           |
|--|-----------|
| APPLICATION, TIMELY FILED-----                   | 21-22     |
| COVERAGE & EXCLUSION                             |           |
| Alien Exclusion-----                             | 11, 58    |
| Criminal Exclusion-----                          | 12, 57-58 |
| Part A-----                                      | 2-34      |
| Part B-----                                      | 34-67     |
| DEEMED DISABILITY ENTITLEMENT                    |           |
| General-----                                     | 19-28     |
| Summary Frames-----                              | 25-27     |
| Timely Filing-----                               | 21-22     |
| DEEMED INSURED HIB                               |           |
| Eligibility-----                                 | 5, 9      |
| Entitlement-----                                 | 6         |
| Federal Employees Group Health Benefit Plan----- | 10        |
| Q/C's Chart-----                                 | 7         |
| ELIGIBILITY, HI                                  |           |
| Aged-----  | 3         |
| Aliens-----                                      | 11        |
| Chronic Renal Disease-----                       | 27-32     |
| Deemed Insured-----                              | 5-7, 9    |
| Disabled-----                                    | 14-27     |
| Exclusions-----                                  | 11-12     |
| Premium-HI-----                                  | 10        |
| Railroad Annuitant-----                          | 5         |
| ELIGIBILITY, SMI-----                            | 34-36     |
| ENROLLMENT, SMI                                  |           |
| Automatic-----                                   | 36-37     |
| Deemed-----                                      | 38-39     |
| Limitation-----                                  | 56-57     |
| Period-----                                      | 46        |
| ENTITLEMENT                                      |           |
| Aged-----  | 4         |
| Childhood Disability-----                        | 15-16     |
| Deemed Disabled-----                             | 19-28     |
| Deemed Renal-----                                | 32        |
| Deemed SMI-----                                  | 38-39     |
| Disabled (General)-----                          | 14-15     |
| Disabled Widow-----                              | 16        |
| Qualifying Period-----                           | 14, 17-18 |



# FORMS

|               |            |
|---------------|------------|
| AR-3-----     | 44         |
| AR-3a-----    | 44         |
| I-151-----    | 44         |
| SS-5-----     | 6          |
| SSA-17-----   | 20         |
| SSA-18-----   | 6          |
| SSA-38-----   | 33         |
| SSA-40-----   | 36, 39, 40 |
| SSA-1764----- | 62         |

|                                |           |
|--------------------------------|-----------|
| GENERAL ENROLLMENT PERIOD----- | 49, 53-54 |
|--------------------------------|-----------|

## INITIAL ENROLLMENT PERIOD

|                     |           |
|---------------------|-----------|
| Coverage Dates----- | 47        |
| Deemed-----         | 55-56     |
| General-----        | 46-49, 53 |

|                                     |      |
|-------------------------------------|------|
| INSURED STATUS, DEEMED INSURED----- | 7, 9 |
|-------------------------------------|------|

## NATURALIZATION

|                 |        |
|-----------------|--------|
| Derivative----- | 44     |
| Personal-----   | 43     |
| Proof-----      | 43, 44 |

## PREMIUM-HI

|                         |    |
|-------------------------|----|
| Effective-----          | 10 |
| Part B Requirement----- | 11 |

## RAILROAD BENEFITS

|                  |       |
|------------------|-------|
| Eligibility----- | 5, 28 |
|------------------|-------|

## RENAL-HI

|                             |       |
|-----------------------------|-------|
| Deemed Disabled-----        | 28-32 |
| Provider Certification----- | 32    |
| SSA-38-----                 | 33    |
| Termination-----            | 34    |

## SUMMARY FRAMES

|                                    |       |
|------------------------------------|-------|
| Deemed Disability Entitlement----- | 25-27 |
| General-----                       | 12-14 |
| SMI Enrollment-----                | 41-43 |

## SUPPLEMENTARY MEDICAL INSURANCE

### Coverage

|                              |           |
|------------------------------|-----------|
| Automatic Enrollment-----    | 36-37     |
| Deemed-----                  | 38-39     |
| Filing Requirement-----      | 41        |
| Refusal-----                 | 40, 51    |
| Deemed I.E.P.-----           | 55-56     |
| Enrollment Chart-----        | 47        |
| Premium-----                 | 59        |
| Reenrollment Limitation----- | 54, 56-57 |
| Termination-----             | 51        |

### TERMINATION

|                         |        |
|-------------------------|--------|
| Deemed Entitlement----- | 64     |
| Disabled-----           | 18, 64 |
| Renal HI-----           | 34     |
| SMI-----                | 51, 61 |

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